SHAHID HUSSAN SCAFFOLDING IND. LLC

P.O. Box : 79028, Ind. Area 11, Sharjah UAE Mobile : +971-551144401; +971-503971249

Email . shahid@shahidind.com; Websites . www.shahidind.com



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		APPLICATI	ON FORM	CREDIT FA	ACILITY	
A General I	Details	33 340 17 182				
1 Name of (Organization	RMB CONTRA	CTING LLC			
B Legal Stati	18	LLC		(Wh	(Whether LLC, Co., Partnership, Proprietorship)	
C Address	à	OFFICE 348, EBC BUILDING, DIP 1, DUBAI-UAE				
D Telephone	e e	04-813 5666				
E Fax	1	04-813 5888				
F Email	ž.	K.NATHAN@RMBCONTRACTING.AE				
G Year of Establishment		2011				
H Commerci	al Regn. No.	1364269	1364269 Expiry Date		ate	19/7/2019
I Trade Lice	nse No.	656822			ate	19/7/2019
J Details of	Owner /Propri	ietor / Partners				
A second	Name	Nationality				
MAJEI	D RASHED M	OHAMED MAHRA	N AL BALOOSHI			
	161					
K Names an	d Address of Si	ubsidiary / Associate	Co.	apoly 2011 Research		
	1					
	3					
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		act Person	Mobile / Phone	e Cre	dit Limit	Payment Terms
IEPWORTH MR. BIJU		,	050-554 2152			90 DAYS
COSMOPLAST MR. LUKOSE INION REBAR MR. ABHAY			050-633 7729			90 DAYS
ONI DIN REDIER			056-665 3583			120 DAYS
			6 00	West Transit Lines		
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General Terms & Conditions :-

- 1 Architerest of 12% will be charged on the outstanding amounts beyond the allowed credit period.
- 2 Purchases will only be delivered against local purchase orders signed by authorized personnel.
- 3 The firm/company will be totally responsible for payments of any materials supplied against LPOs duly signed by authorized personnel unless and otherwise an adequate notice is given to us in writing canceling those signatures.
- 4 All disputes arising in respect of all outstanding over due account shall be finally referred to the Dubai Court for Settlement.
- This Credit Application is to be signed by the owner of the firm. In case it is signed by a person other than the owner / copy of Authority given to the signatory by owner/s to sign such a document is to be attached.

I/We agree to the above condition and declare that all information given in this application are true and correct.

Company Stamp

Local Sponsor's Name G. M.

Signature.....

Telephone No

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Documents Required

- 1 Copy of Valid Trade License.
- 2 Copy of Chamber of Commerce / Economic Department Certificate.
- 3 Copy of Sponsor Passport / Identity Card
- 4 Copies of Document showing authorised signatory.
- 5 Guarantee Cheque, undated (amount to be decided at the time of credit approvals).

For office use only

Account No	Limit (Dhs)
Product/s	Time Period
Remarks	
Approved By :-	
Sales Manager	Accounts Manager
General Manager	Managing Director

